US Military Health System Role in Stability Operations

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Stability Operations
DoDD 3000.05

- **DoD Directive 3000.05 re Security, Stability, Transition, and Reconstruction (SSTR-Stability) Operations:**
  - "It is DoD policy that: Stability operations are a core US military mission that DoD shall be prepared to conduct and support. **They shall be given priority comparable to combat operations** and be explicitly addressed and integrated across all DoD activities…"
  - Establishes requirement to "**Ensure DoD medical personnel and capabilities are prepared** to meet military and civilian health requirements in stability operations."

- ***Stability Operations***: Military and civilian activities conducted across the spectrum from peace to conflict to establish or maintain order in States and regions.

Global Public Health
Civil-Military Considerations

- **It is increasingly recognized that health is a critical bridge to peace and stability around the global**
  - HIV/AIDS, TB, Malaria, hemorrhagic fevers (Ebola), pandemic flu
  - Poor health status is linked to instability/insecurity (AIDS orphans, lost productivity, despair, lack of trust in government)

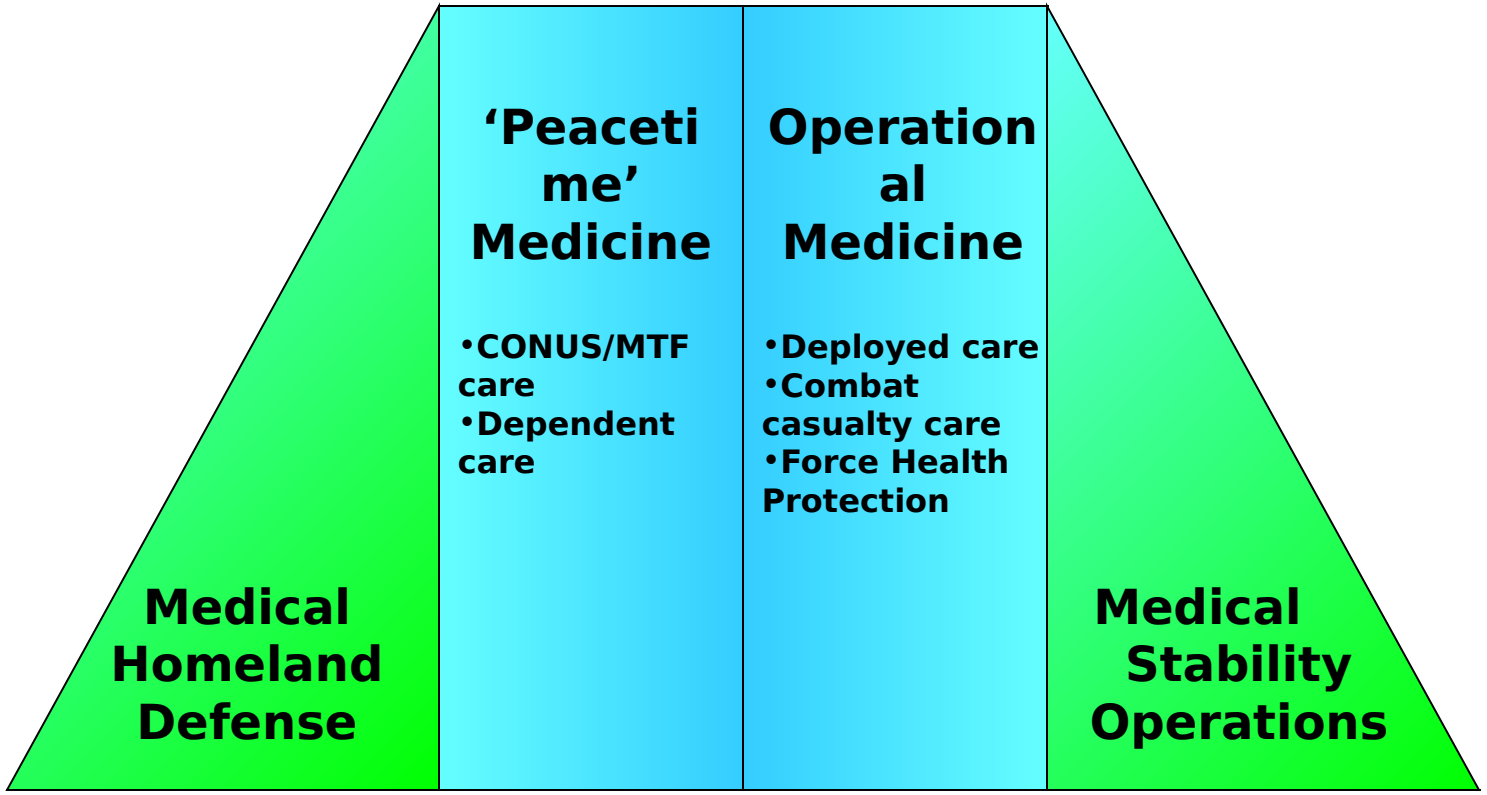
- **Health/medical efforts can help "Drain the Swamp":**
  - Literal: eliminate breeding ground for mosquitoes that spread malaria
  - Figurative: Address underlying conditions that can foster instability and support for terrorism

- **This is well understood by our competitors**
  - Hezbollah, Hamas, Moqtada Sadr - all actively employ health efforts

Military Health System (MHS) Responsibilities

- **‘Traditional’ Responsibilities**
  - **‘Peacetime’ Medicine (‘Deliver the Benefit’) –** Garrison, Military Treatment Facilities, US-based, Dependent care
  - **‘Traditional Operational’ Medicine –** Force Health Protection, Deployed care, Combat Casualty Care
- **‘Evolving/Emerging’ Responsibilities**
  - **Medical Support to Stability Operations** – medical security cooperation, mil-mil medical capacity-building, medical HA/DR, health sector stabilization, health sector reconstruction
  - **Medical Homeland Defense**

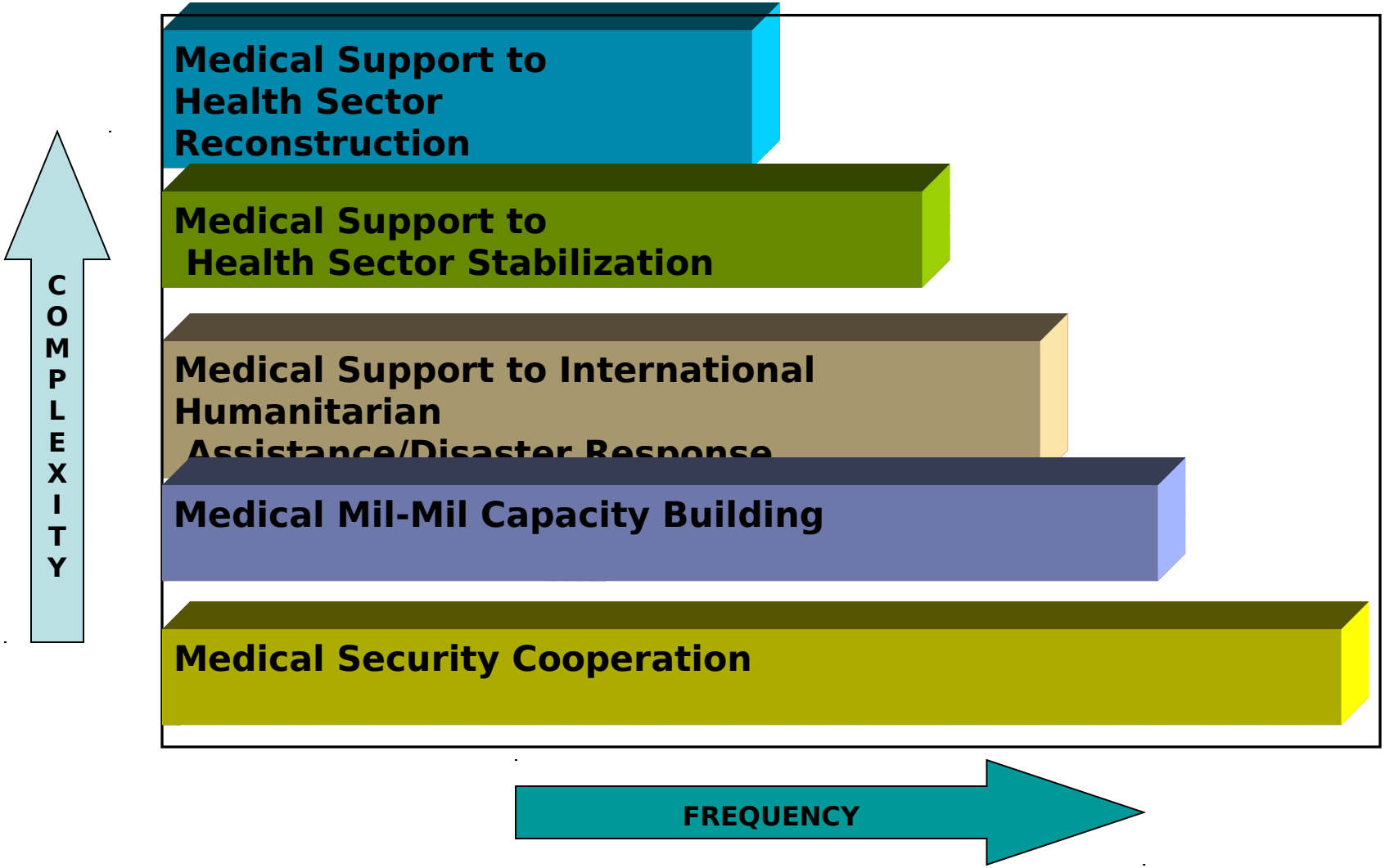
Military Health System 'Responsibilities'

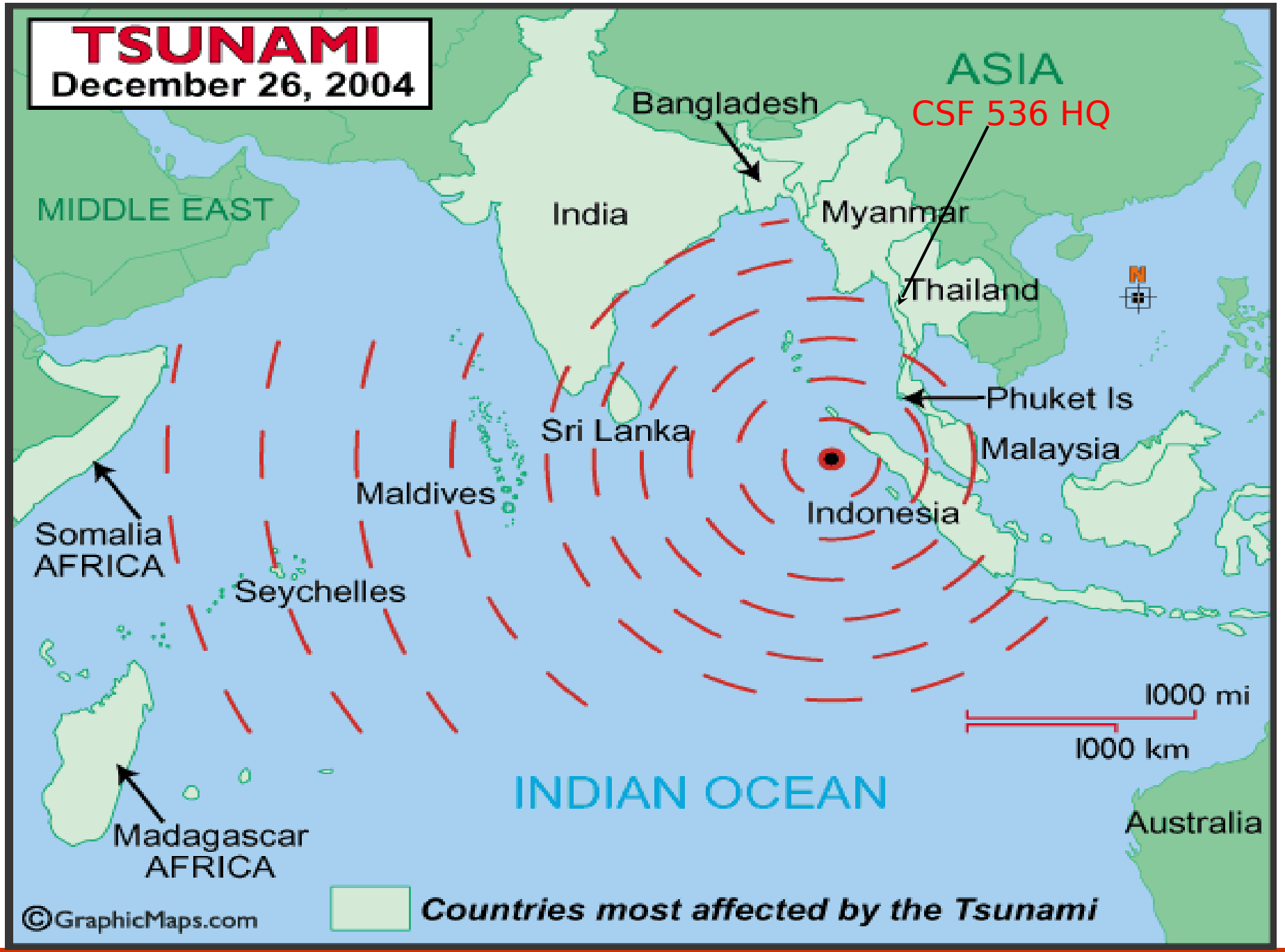


MHS Role in Stability Operations

- **The MHS has a significant role in stability operations across the spectrum from peacetime through conflict**
- **Five Major Mission Elements (Strategic Tasks/Capabilities)**
  - Medical Security Cooperation
  - Mil-Mil Medical Capacity-building
  - Medical Support to International Humanitarian Assistance/Disaster Relief
  - Health Sector Stabilization
  - Health Sector Reconstruction
- **Includes spectrum from direct care/support to capacity-building**

Military Health System Role in Stability/SSTR Operations


Medical Support to Health Sector Reconstruction
Medical Support to Health Sector Stabilization
Medical Support to International Humanitarian Assistance/Disaster Response
Medical Mil-Mil Capacity Building
Medical Security Cooperation
COMPLEXITY
FREQUENCY

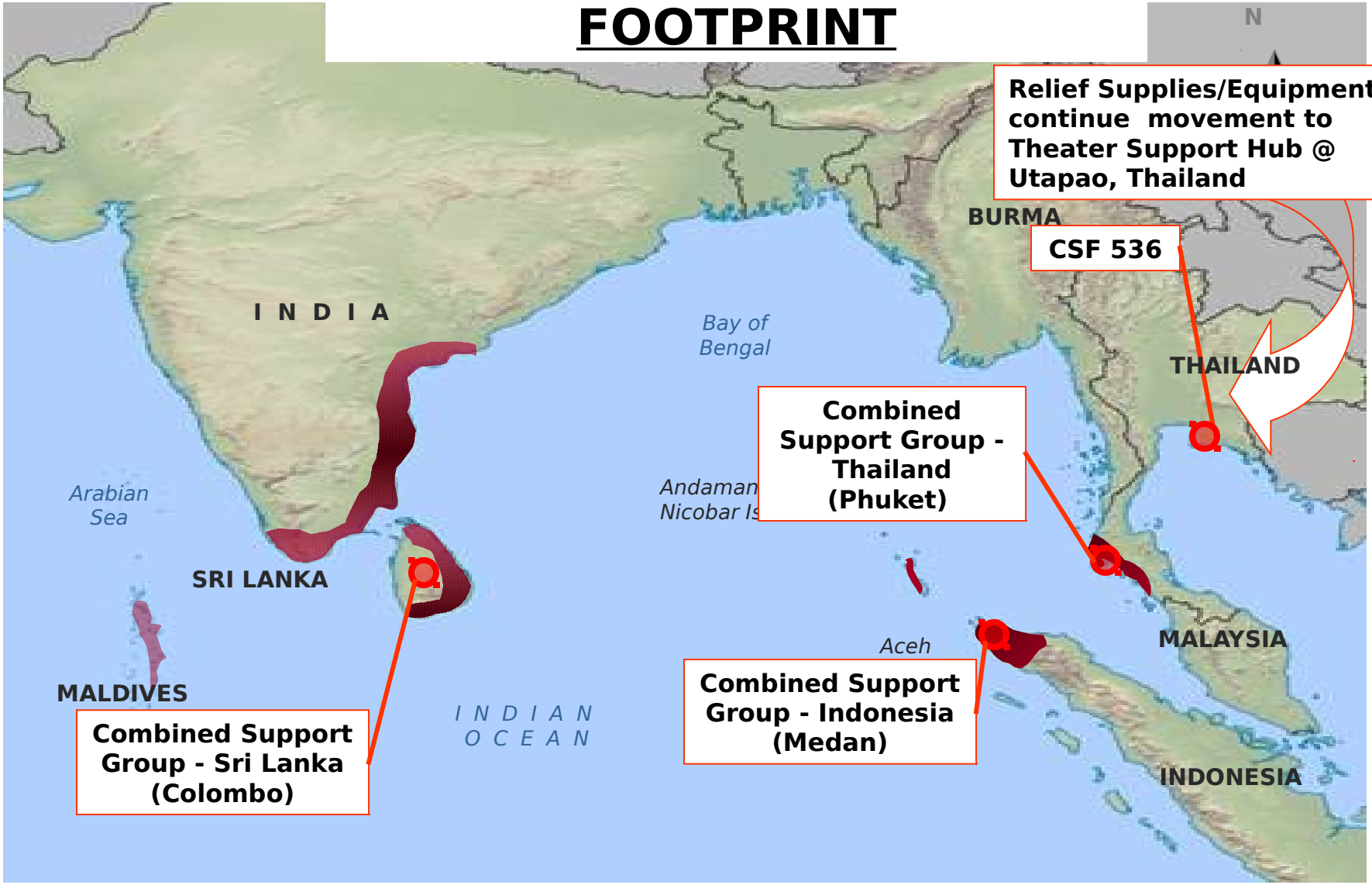

TSUNAMI
December 26, 2004
ASIA
CSF 536 HQ
Bangladesh
India
Myanmar
MIDDLE EAST
Thailand
N
Phuket Is
Sri Lanka
Malaysia
Maldives
Indonesia
Somalia
AFRICA
Seychelles
1000 mi
1000 km
INDIAN OCEAN
Australia
Madagascar
AFRICA
©GraphicMaps.com
Countries most affected by the Tsunami

Combined Support Force (CSF) – 536 Surgeon's Mission

To minimize the effects of wounds, injuries, diseases as well as environmental and occupational hazards brought on by the Tsunami-effected areas of Sri Lanka, Indonesia and Thailand.

To facilitate in collaboration with the host nation and other nation(s), USAID/OFDA, the ability of the UN and NGO's to conduct relief efforts after CSF-536 is deactivated.

DOD Asian Tsunami Response FOOTPRINT



Asian Tsunami Response
DoD Medical Efforts

- Emergency Relief Supplies
  - Potable water; medical supplies; medicines
- Command; control; coordination; communication
- Transport
- Health Sector Assessments
  - USS Lincoln
- Disease Surveillance
  - NAMRU/WHO surveillance lab
- Hospital Ship Mercy

MERCY

Natural Disaster Response - Resources

- Center for Disaster and Humanitarian Assistance Medicine (CDHAM)
  - www.cdham.org
- Center of Excellence for Disaster Management and Humanitarian Assistance
  - www.coe-dmha.org

Diyarbá
Batma
Kurtala
Turkey
Urfa
Cizre
Hakkâri
Orumiyeh (Urmia)
Lake Urmia
Tabriz
Maragheh
Mianeh
Zakhu
'Aqrah
Rayat
Al Qamishli
Al Hasakah
Mahabad
Zanjan
Sinjar
Qal'at Dizah
Iran
Syria
Dayr az Zawr
Sanandaj
Hamadan
Ba'iji
Tikrit
Lake Tharthar
Khanaqin
Bakhtaran
Al Qa'im
Al Hadithah
Mandali
Borujerd
Ilam
Khorramabad
L.Habbaniyah
Baghdad
Ar Rutbah
Lake Razzaza
Dezful
Al Hayy
Nukhayb
Iraq
Ahvaz
N
Ar'ar
Khorramsha
As Salman
Umm Qasr
Makhfar al Busayyah
Kuwait
Rafha
De facto Boundary as shown on official Iraqi and Saudi Arabian maps. Alignment is approximate.
Al Jahrah
Persian Gulf
Kuwait
Saudi Arabia
Hafar al Batin
Ra's al Khafji
42°
45°
48°
1997 MAGELLAN Geographix℠
(805) 685-3100 www.maps.com

Background (Pre-Conflict)

- Iraq's health sector was devastated by decades of Saddam's abuse and neglect and by international sanctions
- 2002 national health budget - >$50M (for 26M people)
- Pre-war infant mortality rate – 108/1000 (among the worst in the world)
- Kimadia – state run medical procurement/supply company – completely corrupt/incompetent
- Oil-For-Food (and Medicine) – significant fraud, waste, and abuse
- Hospitals/equipment – neglected, disrepair (except those serving Saddam/elites)

Pre-Conflict

- Interagency Humanitarian Planning Team worked with CENTCOM planners to mitigate humanitarian consequences
  - Interfaced with and funded int'l orgs/NGOs
  - Stockpiled relief supplies
  - Established interagency Disaster Assistance Response Team (largest ever)
  - Coordinated with Civil Affairs
  - Established Humanitarian Operations Center
  - Developed detailed plans to continue Oil-For-Food (and Medicine) program
  - Inputted health facilities into 'no-strike' database

Major Combat (Relief) Phase

- Humanitarian/relief operations began during major combat phase
  - Continuation of Oil-For-Food (and Medicine)
  - Distribution of relief supplies
  - Emergency water, food, health needs
  - Civil-Military operations centers
  - DART (civilians) worked with Civil Affairs teams
  - Preparations for Office of Reconstruction and Humanitarian Assistance (ORHA – Gen Garner)

Iraq Ministry of Health – Early Initiatives

- Strategic Planning – Strategic Vision – Primary care focus
- Public Health – Disease Surveillance/Immunizations
- Pharmaceutical reform – National Formulary
- Logistics reform – Kimadia/Oil-For-Food (and Medicine)
- Security – Facilities Protection Service (FPS)
- Medical Support to Iraqi Armed Forces (IAF) - MOU
- National Contingency Response – mass casualty
- Communications – phone, computers, internet
- Inspector General – fraud, waste, abuse
- Donor Coordination – hundreds of millions$$
- Civil-Military Medical Coordination – Guidelines; Surgeon's meetings; travel/outreach to provinces
- USG Supplemental - $793M – major projects

Summary/Conclusions

Iraq Health System Reconstruction Reports

- ***Iraq Health Sector Reconstruction After-Action Review – 2006 -*** Structured, systematic, comprehensive analysis of Iraq health sector reconstruction efforts.

  - Tarantino D, Jawad SA, Morton MJ. Iraq Health Sector Reconstruction After-Action Report. Center for Disaster and Humanitarian Assistance Medicine (CDHAM), October 2007.
- Full text report available at www.cdham.org

- ***Iraq Health Symposium – May 2008 -*** A review and analysis of current challenges and recommendations for improvement of Iraq health system reconstruction efforts.

- Tarantino D, Morton MJ, Jawad SA, Kosaraju A. Proceedings of the Iraq Health Symposium, May 2008.
- Full text report available at www.health.mil or www.iom.edu (http://www.health.mil/content/docs/press/iraqhealthsymposiumproceedings.pdf http://www.iom.edu/cms/26761/57739.aspx)

Summary/Conclusions

- **Health is a critical component of any stabilization/reconstruction effort**
  - Security, Essential Services, Governance, Economy
  - ‘Hearts and Minds’
  - Understood by other groups: Hezbollah, Hamas, Sadr

Health Sector Reconstruction and Conflict Critical Variables

- Level of Security/Stability
- Level of International Effort/Commitment
- Level of ‘Constructive’ vs. ‘Destructive’ Politicization of Health Sector
  - Corruption, accountability, non-sectarian approach, skilled technocrats, continuity
- Pre-existing state of health care system/expectations
- Host nation absorptive capacity/human resources
- Level of coordination of varying health sector efforts

DoD: Medical Stability Operations Challenges

- Improved civil-military education/training for DoD health personnel
- Increased ‘cultural competence’
- Focus on capacity-building
- Focus on sustainability of efforts
- Improved coordination among all stakeholders
- Development of metrics/measures of effectiveness

Questions?

“He who has health has hope,
and he who has hope has everything”
– Arab Proverb